

Certification Application: Company Profile

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VENDOR NAME

Type: **Recertification Application (NEW)**App #: **xxxxxxx**Status: **Incomplete**Started: **1/2/2020**

12% complete

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in **red** are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in **yellow** are optional; please complete all those that apply to your business.

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Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

* required entry

Section Status

Company Profile Section Status

Section Questions

1.A. For which certification type are you requesting recertification? *

Required

Check all that apply.

- ☐ Minority Business Enterprise (MBE)
- ☐ Woman Business Enterprise (WBE)

1.B. Are you updating the business name, address, phone, fax, and/or email address of the business? *

Required

Supporting documentation may be required for any updates in this section.

- ☐ Yes
- ☐ No

1.C. Business Name *

Required

Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction".

1.D. "Doing Business As" (DBA) Name

Optional

Complete if firm does business under an assumed or trade name that is different from its legal name.

1.E. Business Address *

Required

Must represent a physical location; no PO Box allowed.

	Address line 1
	Address line 2
	Address line 3
	City
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">AZ</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> </div>	State, Zip, Zip4

1.F. Mailing Address *

Required

<input type="text"/>	Address line 1
<input type="text"/>	Address line 2
<input type="text"/>	Address line 3
<input type="text"/>	City
<input type="text"/>	<input type="text"/> - <input type="text"/> State, Zip, Zip4

1.G. Business Phone Number ***Required**

<input type="text"/>	<input type="text"/>	Ext. <input type="text"/>
----------------------	----------------------	---------------------------

1.H. Fax Number

Optional

<input type="text"/>	<input type="text"/>
----------------------	----------------------

1.I. Alternative Business Number

Optional

Alternative Business Number (cell/home/other).

<input type="text"/>	<input type="text"/>	Ext. <input type="text"/>
----------------------	----------------------	---------------------------

1.J. Email Address ***Required**

<input type="text"/>

1.K. Website

Optional

<input type="text"/>

1.L. Twitter

Optional

<input type="text"/>

1.M. Facebook

Optional

<input type="text"/>

1.N. Other

Optional

<input type="text"/>

1.O. Federal Employer Identification Number (or SSN) ***Required**

A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, go to the [U.S. Internal Revenue Service website](https://www.irs.gov). Sole Proprietorships may submit social security number of the owner in lieu of the federal identification number but we strongly advise you to apply for an EIN.

<input type="text"/>

1.P. Contact Person ***Required**

First Name	Last Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.Q. Contact Phone ***Required**

<input type="text"/>	<input type="text"/>	Ext. <input type="text"/>
----------------------	----------------------	---------------------------

1.R. Name of business' President/Chief Executive Officer/Owner ***Required**

(mm/dd/yyyy)
1.S. Date Business was Established ***Required**
 (mm/dd/yyyy)
1.T. Based on your business structure are you authorized to do business in the state of NY? (e.g. LLC, LLP, Corporation, Sole Proprietor) ***Required**

If Yes, enter either the state of incorporation for **corporations**, state of organization for **LLCs**, or county of registration for **sole proprietorships** and **partnerships**.

☐ No

☐ Yes

1.U. Gross Receipts (Sales) ***Required**

Three entries must be made. If this business has been in business for less than 3 years, complete as applicable and enter 0 if no revenues for prior year(s). If the business has no revenues in the last three years, you must provide proof of business activity by including a signed contract or purchase order with your application.

Year Ending	Total Receipts
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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1.V. Number of Employees ***Required**

Please average the number of employees, **excluding all owners**, over the past year. **If no employees for any category, enter 0.**

Permanent	Temporary/Seasonal
Full-time <input type="text"/>	Full-time <input type="text"/>
<input type="text"/>	<input type="text"/>
Part-time	Part-time

1.W. In what regions of NYS are you able to conduct your business activity? ***Required**

Check all that apply.

☐ All

or

- | | | |
|---|--|--|
| <input type="checkbox"/> New York City | <input type="checkbox"/> Western NY | <input type="checkbox"/> Central NY |
| <input type="checkbox"/> Long Island | <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Capitol Region | <input type="checkbox"/> North Country | <input type="checkbox"/> Mohawk Valley |
| <input type="checkbox"/> Mid-Hudson | | |

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Certification Application: Changes Since Last Certification

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Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

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* required entry

Section Status

Changes Since Last Certification Section Status

Section Questions

2.A. Has any of the key personnel in this business changed since your original date of certification? *

Required

If yes, describe changes below.

☐ No☐ Yes:

2.B. Has ownership changed since the business was last certified? *

Required

If yes, describe changes below.

☐ No☐ Yes:

2.B. Have there been any changes in operation of this business since the last certification? *

Required

If yes, describe changes below.

☐ No☐ Yes:

2.C. Have there been any changes in the control of this business since it was last certified? *

Required

If yes, describe changes below.

☐ No☐ Yes:

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Certification Application: Owner(s) and Principal(s)

Help & Tools

Main Signature Submit Utilities Cert List

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Question Color Coding

	Required & incomplete
	Optional & incomplete
	Complete

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Cancel

* required entry

Section Status

Owner(s) and Principal(s) Section Status

Section Questions

3.A. Name & position of all person(s) with ownership interest in this business. *

Required

If an owner does not hold a position with the business, "none".

Name	Position	Gender & Ethnic Group	Citizen	Date of Ownership	Ownership %	Voting %
		Gender				
				(mm/dd/yyyy)	%	%
		Ethnic Group				
		Gender				
				(mm/dd/yyyy)	%	%
		Ethnic Group				

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3.B. If this business is owned in full or in part by another business, please identify the business and percentage of ownership interest. *

Required

Include venture capitalists and other similar investors.

☐ None

☐ Yes

Firm Name	Address	% Owned
		%
		%

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3.C. Has ownership changed since the business was created? *

Required

If yes, describe changes below.

☐ No

☐ Yes

3.D. Are any of the owners or principals of this business related? *

Required

If yes, please describe below.

☐ No

☐ Yes

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Certification Application: Relationship With Other Businesses

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Main Signature Submit Utilities Cert List

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Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

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* required entry

Section Status

Relationship With Other Businesses Section Status

Section Questions

4.A. Do any of the key personnel perform a management or supervisory function for any other business? *

Required

If yes, provide detail for each person.

☐ No☐ Yes

Person	Title	Business Name	Function
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.D. At present, or at any time in the past, has your business consisted of a partnership in which one or more of the partners are other businesses? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.C. Do any principals, officers and/or owners of the business have an affiliation (e.g. business interest or employment) with any other business? *

Required

If yes, complete the following.

☐ No☐ Yes

Name of Person	Firm Name	Firm Address	Nature of Business	Nature of Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.D. At present, or at any time in the past, has your business been a subsidiary of any other business? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.E. At present, or at any time in the past, has your business owned any percentage of any other business? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.F. At present, or at any time in the past, has your business had any subsidiaries? *

Required

If yes, provide details below.

☐ No☐ Yes

Name of Business	Address	Type of Business
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.G. At present, or at any time in the past, has any other business ever had an ownership interest in the applicant business? *
Required

If yes, provide details below.

☐ No

☐ Yes

Firm Name	Contact Name	Address	Phone

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4.H. Do any of your immediate family members own or manage another business? *
Required

If yes, provide details below.

☐ No

☐ Yes

Name of Person	Relationship	Company Name	Type of Business	Own or Manage?

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4.I. Does the business share office space with any other business? *
Required

If yes, provide details below.

☐ No

☐ Yes

Other Firm Name	Address	Phone	Email

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4.J. Does your business rely on any other business for management functions or employee payroll? *
Required

If yes, provide details below.

☐ No

☐ Yes

4.K. Does the business share yard space/warehouse space with any other business? *
Required

If yes, provide details below.

☐ No

☐ Yes

Other Firm Name	Address	Phone	Email

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4.L. Does the business share equipment (including rentals) with any other business? *
Required

If yes, provide details below.

☐ No

☐ Yes

Other Firm Name	Address	Phone	Email

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Certification Application: Commodities and Services

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Question Color Coding

- Required & incomplete
- Optional & incomplete
- Complete

 You must enter at least one NAICS code that best represents your firm's business. Up to 9 additional (optional) NAICS codes can be added to better define your firm's activities.

[Click to view the list of documents that you must submit if you are requesting services for your profile or commodity/work codes](#)

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* required entry

Section Status

Commodities and Services Section Status

Section Questions

5.A. Briefly describe your business *

Required

Note: This description will be used on the public directory. Be very specific about what commodities or services your business provides. Include any special skills or services that are required or provided.

5.B. Select the appropriate category that best describes your business operations *

Required

- | | |
|---|--|
| <input type="checkbox"/> Construction Related | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Manufacturer/Supply | <input type="checkbox"/> Consumer Service |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Franchise |
| <input type="checkbox"/> Technical Service | <input type="checkbox"/> Other - explain: <input style="width: 150px;" type="text"/> |

5.C. Provide the business' primary North American Industry Classification System (NAICS) number *

Required

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.D. Provide the business' secondary North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.E. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.F. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.G. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.H. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.I. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.J. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.K. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

Do not type code into text field; use [Select Code](#) lookup.

[Clear Code](#) to remove selection.

5.L. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number

Optional

[Select Code](#) to search or browse available codes. A pop-up window will display.

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Certification Application: Firm's Past Work

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Question Color Coding

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	Optional & incomplete
	Complete

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* required entry

Section Status

Firm's Past Work Section Status

Section Questions

6.A. List the three largest accounts for which the business has provided goods or services within the last two years. *

Required

☐ No projects completed☐ Yes

Firm/Organization Name	Phone	Location of Project	Type of Work	Project Start Date	Project Completion Date	Dollar Value of Contract
				(mm/dd/yyyy)	(mm/dd/yyyy)	
				(mm/dd/yyyy)	(mm/dd/yyyy)	

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6.B. Have you successfully bid on work as a prime in the past year? *

Required

☐ Yes☐ No

6.C. Have you successfully bid on work as a subcontractor in the past year? *

Required

☐ Yes☐ No

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